

**BILLING CARD**Patient Name MR. ANNASDHASAN.KD.O.A. 15/5/24 Time 10:45pmIP No. 20241000683Room No. ICURent Per Day 1100**TRANSFER DET AILS**

Date	Time	From	To	Sister Signature
15/5/24	11:30pm	Casualty	ICU	S/N Subarna

OPERATION THEA TRE

Date :	OT No. :
Surgeon :	Start Time :
I Asst. Surgeon :	End Time :
II Asst. Surgeon :	Dis. Pack :
III Asst. Surgeon :	Diathermy :
Anaesthetist :	C-Arm :
OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

MONITOR**INFUSION PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
15/5/24	11pm	16/5/24	1:30pm				

OXYGEN**SYRINGE PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP**VENTILATOR**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OPERATION THEA TRE	
Date :	OT. No. :
Surgeon :	Start Time :
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Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

Date	LABORATORY
15/5/24	CBC, CRP, PT, APTT, BUN, creatinine, LFTs, TSH, Lipid profile, Serology (202406453)
16/5/24	Free T3, Free T4, TSH (202406461)
16/5/24	UOP - 2 (202402996)

[illegible]

Ref Dr. Venkatesh Sampath

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